

Case Number:	CM13-0025710		
Date Assigned:	10/11/2013	Date of Injury:	09/22/2010
Decision Date:	05/14/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 45-year-old female with date of injury of 09/22/2010. The listed diagnoses per [REDACTED] are: Right wrist carpal tunnel syndrome; Right hand sprain/strain; Right wrist tenosynovitis; Left wrist tenosynovitis, status post right carpal tunnel release in 2012. According to the progress report, the patient complains of right hand throbbing pain radiating to the right shoulder with occasional numbness to the bilateral hands and weakness. She also reports pins and needles sensation to the right trapezius. She also states that she is stressed about her physical limitations preventing her from even doing daily living activities. She also states that therapy and pain medications help temporarily. She rates her pain 4/10. The objective findings show right and left wrist is positive for MCP tenderness. The treater is requesting a compound cream, flurbiprofen 10%, capsaicin 0.025%, menthol 1%, and compound cream ketoprofen 10%, cyclobenzaprine 3%, lidocaine 5%, and a followup evaluation/treatment with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COMPOUNDED TRANSDERMAL CREAM (FLURBIPROFEN 10%, CAPSAICIN 0.025%, MENTHOL 1%) 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state they are, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS Guidelines further state, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." For flurbiprofen, a topical NSAID, MTUS Guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short-term use, between 4 to 12 weeks. The treater also indicates that the topical product helps temporarily. Significant pain reduction and improved function are not documented. Therefore, the request is not medically necessary and appropriate.

COMPOUNDED TRANSDERMAL CREAM (KETOPROFEN 10%, CYCLOBENZAPRINE 3%, LIDOCAINE 5%) 120 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 111-113.

Decision rationale: The patient presents with chronic right hand pain. The treater is requesting a compound cream, ketoprofen 10%, cyclobenzaprine 3%, and lidocaine 5%. The MTUS Chronic Pain Guidelines state for topical analgesics, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain or trials of antidepressants and anticonvulsants have failed." MTUS Chronic Pain Guidelines further state, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." In this case, Cyclobenzaprine, a muscle relaxant, is not recommended as a topical product. Therefore, the request is not medically necessary and appropriate.

FOLLOW UP EVALUATION/TREATMENT WITH [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, pages 566, 578.

Decision rationale: The patient presents with chronic right hand pain. The treater is requesting a followup evaluation/treatment with [REDACTED]. The utilization review dated 09/03/2013 denied the request state there is no provided rationale for the medical necessity for further

evaluation and consultation. The ACOEM Guidelines on page 268 supports physician follow-up visitations. The MTUS Chronic Pain Guidelines also require that the treating physician provide monitoring. The current requested follow up visit would help manage the patient's on-going symptoms. The request is medically necessary and appropriate.